

VetCare Internal Medicine Specialists, Inc
Stacey Hoffman, DVM, DACVIM

New Client Registration Form

Date_____

CLIENT INFORMATION

Owner's Name_____ Co-Owner's Name_____

Address_____

City_____ State_____ Zip_____

Home Phone ()_____ Work Phone ()_____

Mobile Phone ()_____ Co-Owner's Phone ()_____

Place of Employment_____ Best Time to Reach You_____

Driver's License # _____ State Issued _____ Exp Date _____

Referring Veterinarian's Name_____

Referring Clinic/Hospital Name_____ Phone Number()_____

PET INFORMATION

Pet's Name_____ Species ___Feline ___Canine ___Other

Breed_____ Date of Birth_____/_____/_____

Sex ___Male ___Female ___Male/Neutered ___Female/Spayed Color_____

Please indicate choice of payment:

___Cash/Personal Check ___Visa ___MasterCard ___American Express ___Discover ___Care Credit

All Fees Are Due At The Time Services Are Rendered

I authorize and direct Stacey Hoffman, DVM, DACVIM to diagnose, prescribe, and perform therapeutic procedures that her judgment may dictate to be advisable for the patient's well being. No warranty or guarantee has been made as to the result or cure.

Signature of Owner

Date